

John R. Ashcroft Secretary of State  
2023-2024 BIENNIAL REGISTRATION REPORT  
BUSINESS

**I00151768**  
**Date Filed: 2/3/2023**  
**John R. Ashcroft**  
**Missouri Secretary of State**

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

\* SECTION 1, 3 & 4 ARE REQUIRED

<p>REPORT DUE BY: <u>4/30/2023</u></p> <p><b>I00151768</b> ARCH INSURANCE COMPANY CSC-LAWYERS INCORPORATING SERVICE COMPANY 221 BOLIVAR ST JEFFERSON CITY MO 65101</p>	<p>RENEWAL MONTH: <b>JANUARY</b></p> <hr/> <p><input type="checkbox"/> I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO FOR A \$25.00 FEE</p>
<p><b>1</b></p>	<p>PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *</p> <p><b>2345 Grand Blvd</b> (Required)</p> <hr/> <p><b>Suite 900</b></p> <hr/> <p>STREET <b>Kansas City MO 64108-2619</b></p> <hr/> <p>CITY / STATE ZIP</p>

  

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If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent \_\_\_\_\_

**IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.**

☐ The new registered office address \_\_\_\_\_

**Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.**

  

<p style="text-align: center;"><b>OFFICERS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST PRESIDENT AND SECRETARY BELOW</b></p> <p><b>PRESIDENT</b> First, Brian D STREET 185 Asylum Street, CityPlace II, 16th Floor CITY/STATE/ZIP Hartford CT 06103</p> <p><b>SECRETARY</b> Shulman, Regan A STREET 210 Hudson Street, Suite 300 CITY/STATE/ZIP Jersey City NJ 07311</p> <p><b>TREASURER</b> Ahern, Thomas J STREET Harborside 3, 210 Hudson Street Suite 300 CITY/STATE/ZIP Jersey City NJ 07311</p> <p><b>ASSISTANT SECRETARY</b> Gilligan, Melissa B STREET 185 Asylum St CITY/STATE/ZIP CityPlace II, 16th Floor Hartford CT 06103</p>	<p style="text-align: center;"><b>BOARD OF DIRECTORS</b></p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <b>MUST LIST AT LEAST ONE DIRECTOR BELOW</b></p> <p><b>NAME</b> First, Brian D STREET 185 Asylum Street CITY/STATE/ZIP CityPlace II, 16th Fl Hartford CT 06103</p> <p><b>NAME</b> Nails, Patrick K STREET Harborside 3, 210 Hudson Street Suite 300 CITY/STATE/ZIP Jersey City NJ 07311</p> <p><b>NAME</b> Ahern, Thomas J STREET Harborside 3, 210 Hudson Street Suite 300 CITY/STATE/ZIP Jersey City NJ 07311</p> <p><b>NAME</b> _____ STREET _____ CITY/STATE/ZIP _____</p>
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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

  

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The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. \*

**Authorized party or officer sign here** Barbara A Lee (Required)

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**Please print name and title of signer:** Barbara A Lee / Other

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NAME TITLE

  

<p>REGISTRATION REPORT FEE IS:</p> <p>___ \$40.00 If filed on or before 4/30/2023</p> <p>___ \$55.00 If filed on or before 5/31/2023</p> <p>___ \$70.00 If filed on or before 6/30/2023</p> <p>___ \$85.00 If filed on or before 7/31/2023</p> <p><b>ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.</b></p>	<p><b>WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE</b></p> <p>E-MAIL ADDRESS (OPTIONAL): <u>blowe@archinsurance.com</u></p>
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REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED  
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 778, Jefferson City, MO 65102

# EXHIBIT C

John R. Ashcroft Secretary of State  
2023-2024 BIENNIAL REGISTRATION REPORT  
BUSINESS

I00151768  
ARCH INSURANCE COMPANY  
CSC-LAWYERS INCORPORATING SERVICE COMPANY  
221 BOLIVAR ST  
JEFFERSON CITY MO 65101

3	<b>OFFICERS (Continued)</b> NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	<b>BOARD OF DIRECTORS (Continued)</b> NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
	<div><div><div><u>CFO</u></div><div>Ahern, Thomas J</div></div><div><div>STREET</div><div>Harborside 3, 210 Hudson Street Suite 300</div></div><div><div>CITY/STATE/ZIP</div><div>Jersey City NJ 07311</div></div></div>	<div><div><div><u>DIR.</u></div><div></div></div><div><div>STREET</div><div></div></div><div><div>CITY/STATE/ZIP</div><div></div></div></div>
	<div><div><div><u>OTHER</u></div><div>Gilligan, Melissa B</div></div><div><div>STREET</div><div>185 Asylum Street, CityPlace II 16th Floor</div></div><div><div>CITY/STATE/ZIP</div><div>Hartford CT 06103</div></div></div>	